24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
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Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination
<u> </u>	11 09 2015
Mailing Address 1020 Princess Street	Amount
City State Zip Code	902.14
Alexandria VA 22314	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type 004	11 09 2015
Name of Federal Candidate Support Office	e Sought: House District:
loh Duoh	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	1052.50
Alexandria VA 22314	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type 004	11 09 2015
Name of Federal Candidate Support Office	e Sought: House District:
leh Rush	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1954.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	1 1/92 1 1/92 1 1/92
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	1 11 2015
Signature	